



301 Technacenter Drive  
Montgomery, AL 36117  
OR  
P O Box 241685  
Montgomery, AL 36124

**Out-of-State ASC and Hospital Update Form**

ASC/Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Attention: \_\_\_\_\_

Alabama Medicaid Provider Number: \_\_\_\_\_  
*Please indicate only one provider number.*

In order to update the Alabama Medicaid Provider Number assigned to the above-mentioned Out-of-State ASC or Hospital to a current status, please complete the items listed below and return this request to EDS.

Tax Identification Number: \_\_\_\_\_

Tax Identification Name: \_\_\_\_\_

Is your facility certified by your state to participate in the Medicaid program? YES\_\_\_\_NO\_\_\_\_

Is your facility certified by your state to participate in the Medicare program? YES\_\_\_\_NO\_\_\_\_

Medicaid number assigned by your state Medicaid program: \_\_\_\_\_

Medicare Number assigned by your state Medicare program: \_\_\_\_\_

Beginning date of the services provided to the Alabama Medicaid Recipient: \_\_\_\_\_

*NOTE: The assigned provider number will expire six months after the date of service indicated.*

I certify that, to the best of my knowledge, the information supplied in this request is accurate, complete and is hereby released to EDS for the purpose of updating the Alabama Medicaid number assigned to this facility.

\_\_\_\_\_  
Administrator's Signature  
(Must be hand written; Black ink required.)

\_\_\_\_\_  
Signature Date

If you have any questions concerning this form, please feel free to contact us at 1-888-223-3630 (in Alabama) or 334-215-0111 (outside of Alabama).

Telephone: (334) 215-0111  
Admin FAX: (334) 215-4271  
Provider FAX: (334) 215-4298